

*Maryland State Board for the Certification of Residential
Child Care Program Professionals*

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Office Use Only	
REC'D _____	PROCESSED _____
CHECK/MO _____	BY _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
CERTIFICATE# _____	
CONTROL # _____	

**APPLICATION FOR RENEWAL OF CERTIFICATION
RESIDENTIAL CHILD CARE PROGRAM ADMINISTRATOR**

RETURN RENEWAL BY: 12/31/2015

Renewal Fee \$200.00

- Do not staple fee payment to application.
- Mail application as soon as possible to avoid the December 31, 2015 deadline
- Failure to renew within 1 month of your expiration date will result in a \$100.00 late fee.
- Failure to renew within 3 months will result in a \$200.00 reinstatement fee, \$200.000 \$200 renewal fee and \$100.00 late fee.
- Make check or money order payable to "BCRCCP"
- Cash or credit card cannot be accepted
- Incomplete applications or failure to provide required documentation for renewal will result in the assessment of a \$5.00 reprocessing fee.

Please type or print

I. Information

Last Name First Name MI

Social Security Number A
Certificate Number

Street Address City State Zip Code

Email Address

Home Phone Work Phone Cell Phone

II. Residential Child Care Program Information

Are you affiliated with a Residential Child Care program at this time?

☐ Yes ☐ No

Agency Name _____

Agency Mailing Address _____

Street _____

City _____

State _____

Zip Code _____

Agency's Licensing Authority:

☐ DHMH-DDA

☐ DHMH-MHA

☐ DHR

☐ DJS

III. Education

I attest to earning the required 40 continuing education units for the renewal of my certification. ☐ Yes ☐ No (If no, submit a letter of explanation.)

V. Child Protective Services Clearance

The Maryland State Board for the Certification of Residential Child Care Program Professionals require individuals who work in a Residential Child Care facility to complete a Child Protective Services Clearance form for renewal. This form should be sent to the local department in the jurisdiction or state where you reside.

Have you completed and forwarded the Consent for Release of Information/Background Clearance form to your local Jurisdiction where you reside for submission to the Board? Yes, ☐ No ☐

VI. Felony and Professional Convictions

For each question answered with a "Yes", please attach a detailed written explanation. For questions #4 and #5 provide a copy of (arrest and charges), copy of the police/court record and final disposition, since your last certification:

- 1) Have you provided professional services while under the influence of alcohol, a narcotic, a dangerous substance or other drug that is in excess of prescribed amounts. Yes ☐ No ☐
- 2) Has any state licensing or disciplinary board or agency, or a comparable body in the Armed Services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation? Yes ☐ No ☐
- 3) Have you ever voluntarily surrendered a professional license due to violation of State licensing laws? Yes ☐ No ☐
- 4) Have you pled guilty to, nolo contendere, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations? Yes ☐ No ☐
- 5) Are there any outstanding complaints, investigations or charges pending against you in any state or by any licensing or disciplinary board or agency, or a comparable body in the Armed Services? Yes ☐ No ☐
- 6) Has a malpractice suit be filed against you or has a claim been settled or awarded against you?
- 7) Has the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? Yes ☐ No ☐
- 8) Have you ever been denied a license, certification or registration to care for children? Yes ☐ No ☐
- 9) Have you ever been named as the perpetrator of child abuse or neglect by a state agency after an investigation? Yes ☐ No ☐
- 10) Are you currently charged with a felony or misdemeanor? Yes ☐ No ☐
- 11) Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired? Yes ☐ No ☐

VII. Release to Process Renewal Application

I agree that the State Board for the Certification of Residential Child Care Program Professionals (hereinafter "Board") may request any information necessary to process my application for certification as a residential child care program administrator or residential child and youth care practitioner in Maryland from any person or agency, including but not limited to former or current employers, government agencies, other licensing bodies and agencies, and I agree that any person or agency may release to the Board the information request. I also agree to sign any subsequent releases for information that may be requested by the Board. I further agree that the Board may release any information pertaining to the status of my application to the state licensing agency of the residential child care program listed on my application.

Name in Print

Signature

Date

VIII. Third Party Release

(Complete only if you plan to use an intermediary to receive information about the status of your application.), If not please put N/A

I agree that the Board may release any information pertaining to the status of my application to the following person:

Name of Third Party Person

Signature of Program Administrator

Date

IX. Signature and Affirmation

I hereby affirm that the information in this application contains no willful misrepresentation or falsification and that the information given to me is true and complete to the best of my knowledge and belief. I understand that the State Board may verify information on this application. I also understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of certification. I understand that practice as a Residential Child Care Program Administrator without an active certificate is a violation of the Maryland Certification of Residential Child Care Program Professionals Act.

Signature

Date

X. Race/Ethnic Identification

In compliance with Chapter 534 of the 2010 Acts of the General Assembly Session, the State Board is required to request that all CRCCPA provide the following information. This information will be used for statistical purposes only by authorized personnel.

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes ☐ No ☐

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

5. ☐ *White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

Notice of Mailing List. *The information collected on the certification application form and the certification renewal forms is collected for the purposes of the State Board's functions under the Maryland Health Occupations Code Annotated Title 20. Failure to provide the information may result in the denial of your application for initial or renewal certification. You have the right to inspect, amend, and correct information. The State Board may permit inspection of this information, or make it available to others, only as permitted by Federal and State law. The State Board may sell or provide lists of certificate holders' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated §10-617, you may request in writing that your name be omitted from such lists.*

***Renewal Fee is \$200.00 Make check or money order payable to "BCRCCP". Cash or credit cards cannot be accepted.
Incomplete applications will be charged a reprocessing fee.
FEE IS NON-TRANSFERABLE AND IS NON-REFUNDABLE.***